



CHANGE OF PRECEPTOR

APPRENTICE DEMOGRAPHICS

Name: (Last, First, MI)	
AFD #:	AEMB #:

NEW SUPERVISING FUNERAL DIRECTOR/EMBALMER OR FUNERAL SERVICE LICENSEE

Supervisor/Preceptor Name: (Last, First, MI)	
License No(s):	
Supervisor Employer:	
SUPERVISOR CERTIFICATION:	
I, _____, do hereby affirm that I am the holder of a West Virginia Funeral Director/Embalmer or Funeral Service License, which are active and free of any disciplinary action.	
The named applicant is regularly employed by me, or my employer, as a full-time employee as an Apprentice, effective on _____ and is under my <u>direct supervision</u> and that to the best of my knowledge and belief, the named applicant is not engaged in any educational program.	
_____ Witness (other than applicant and must be affiliated with the funeral establishment)	_____ Signature of Supervising Funeral Director/Embalmer or Funeral Service Licensee
_____ Date	_____ Date
EMPLOYER CERTIFICATION:	
I, _____, _____ do hereby affirm that the named applicant is employed with my/our business.	
(Employer or Business Representative)	(Title)
_____ Witness (other than applicant and must be affiliated with the funeral establishment)	_____ Employer or Business Representative
_____ Date	_____ Date